

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/21/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155829</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>06/15/2016</b>	
NAME OF PROVIDER OR SUPPLIER  <b>SPRINGS AT LAFAYETTE, THE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>2402 SOUTH STREET</b> <b>LAFAYETTE, IN 47904</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{F 000}	<p>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00195552 completed on March 19, 2016.</p> <p>This visit was in conjunction with the PSR to the Recertification and State Licensure Survey completed on April 25, 2016.</p> <p>Complaint IN00195552 - corrected.</p> <p>Survey dates: June 14 and 15, 2016</p> <p>Facility number: 013499 Provider number: 155829 AIM number: 201285490</p> <p>Census bed type: SNF/NF: 10 SNF: 37 Residential: 31 Total: 78</p> <p>Census payor type: Medicare: 20 Medicaid: 6 Other: 21 Total: 47</p> <p>Sample: 4</p> <p>The Springs at Lafayette was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the PSR to the Investigation of Complaint IN00195552.</p> <p>Quality Review was completed by 21662 on June 20, 2016.</p>			{F 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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